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PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	272/012
	First Named Inventor	Paul Beck
	Original Patent Number	6,030,308
	Original Patent Issue Date (Month/Day/Year)	February 29, 2000
	Express Mail Label No.	EV051354002US

APPLICATION FOR REISSUE OF: (check applicable box)

☒ Utility Patent

☐ Design Patent

☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (e.g., PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☐ Yes ☒ No
(If Yes, check applicable box(es))
 - ☐ Written Consent of all Assignees (PTO/SB/53)
 - ☐ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status/support for all changes to the claims.
See 37 CFR 1.173(c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribbioned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. ☐ Other: _____

14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

(Insert Customer Number or Bar Code Label here)

or ☐ Correspondence address below

Name	PATENT TRADEMARK OFFICE				
Address					
City	State	Zip Code			
Country	Telephone	Fax			

NAME (Print/Type)	Richard E. Lyon, Jr.	Registration No. (Attorney/Agent)	26,300
Signature		Date	February 27, 2002

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REISSUE APPLICATION FEE TRANSMITTAL FORMDocket Number (Optional)
272/012**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 16	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 24	**** 4	X\$9=	36	or	X\$ _____
(C) 5		(D) 12	* 7	X\$42=	294		X\$ _____
Basic Fee (37 CFR 1.16(h))					\$370		\$ _____
Total Filing Fee					\$700	OR	\$ _____

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	...	MINUS	..	*	X\$ _____	or	X\$ _____	
Independent Claims (37 CFR 1.16(i))	...	MINUS	*****	=	X\$ _____		X\$ _____	
Total Additional Fee					\$	OR	\$ _____	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 27 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 12-2475.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 700 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**FEB. 27, 2002

Date

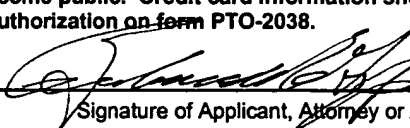

 Signature of Applicant, Attorney or Agent of Record

Richard E. Lyon, Jr., Reg. No. 26,300

Typed or printed name

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Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 16 (C) 5	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 24	**** 4	= X\$9=	36	or	X\$ _____	
		(D) 12	* 7	= X\$42=	294		=	
Basic Fee (37 CFR 1.16(h))					\$370		\$ _____	
Total Filing Fee					\$700	OR	\$ _____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	..	=	X\$ _____	=	or	X\$ _____
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	X\$ _____	=		X\$ _____
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 27 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>12-2475</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>700</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.</p> <p style="margin-top: 20px;"><u>FEB. 27, 2002</u> Date</p> <div style="text-align: center; margin-top: 20px;">  _____ Signature of Applicant, Attorney or Agent of Record </div> <div style="text-align: center; margin-top: 20px;"> _____ Richard E. Lyon, Jr., Reg. No. 26,300 _____ Typed or printed name </div>								

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